

KIRKLAND PARKS AND COMMUNITY SERVICES SOFTBALL LEAGUE ROSTER

TEAM NAME: _____

TEAM MANAGER PHONE (CELL) _____

EMAIL: _____

SEASON/SESSION: _____

YEAR: _____ DIVISION: _____

PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT:

In consideration for myself being allowed to participate in the subject activity, for myself, my heirs and personal representatives, to the extent allowed by law, I hereby waive and release all claims for damages I now or may hereafter have against the City of Kirkland and their agents for any injuries and damages suffered in connection with my participation. I further agree to defend, indemnify and hold harmless the City of Kirkland and their agents for any injury and damages suffered in connection with my participation. I further agree to defend, indemnify and hold harmless the City of Kirkland and their agents from all claims for injury or death, or for loss or damage to property, filed by anyone against the City of Kirkland and their agents which arises out of my participation, except for injury or damage caused by the sole negligence of the City of Kirkland and their agents. I, the undersigned participant give my permission to have photos/video tapes taken, without recompense, during activities and used for publicity purposes. I also understand that the City of Kirkland will use the following information for the marketing of future recreation programs.



NOTE: For those qualifying for the resident rate by working within Kirkland City limits – PLEASE RECORD YOUR WORK ADDRESS. Keep in mind we DO check the information submitted.

	PLAYER NAME	*Work or Home Address*	City and Zip	Phone	Date	SIGNATURE
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Asst						
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Managers Signature: _____ Date: _____ League Coordinator Initials: _____